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Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

NOV 18 2005

CHIEF ACADEMIC OFFICER

1. Official Name of Grant Program:

Date of SBE approval of grant criteria 8/8/02

2005 - 06 Supplemental Educational Service Providers  
(years) (title)

☐ Initial ☒ Amendment ☐ Continuation  
(type)

Legislation Authorizing this Grant Program:

☐ Federal Grant CFDA Number ☐ State Grant ☐ Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.

☐ Competitive  
☐ Formula  
☒ Other

Approval of Providers  
(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

☒ Integrating Communities and Schools

☐ Elevating Educational Leadership

☒ Embracing the Information Age

☐ Ensuring Early Childhood Literacy

☐ Ensuring Excellent Educators

Policies

☐ Bullying

☐ Character Education

☒ Creating Effective Learning Environments

☒ Family Involvement

☐ Safe Schools

☐ Other

(specify)

4. Grant Categories (if not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three or more consecutive years.

6. Total Funds Awarded:

Not Applicable

7. Eligible Applicants:

Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.

8. Description of Priorities Given to Any Specific Population or Location: ☐ NOT APPLICABLE

If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.

9. Grant Administration:

Office  
Office of School Improvement

Unit  
Field Services

Contact  
Linda Brown

Phone  
517-373-3921

12063

1453

10. OFFICE

Office Director Approval Signature:

Comments:

Date:

Phone: \_\_\_\_\_

11. BUDGET OFFICE

Budget Office Approval Signature:

Comments:

Date:

12. GRANTS OFFICE

Grants Office Approval Signature:

Comments:

Date:

13. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature:

Comments:

Date:

14. SUPERINTENDENT

Superintendent Approval Signature:

Comments:

Date:

**INSTRUCTIONS:**

- A.** Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B.** Attach three (3) sets of Exhibits A, B, and C.  
Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C.** Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D.** Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

**Recommended Supplemental Educational Service Providers  
November 16, 2005**

**Alkebu-Lan Village  
7701 Harper  
Detroit, MI 48213**